

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

## Instructions for Completion of the Application for Federal Assistance (SF 424)

The Application for Federal Assistance is a standard form used by most Federal agencies. This form contains 18 different items, which are to be completed before submission. All applications should include a completed and signed SF 424.

Item	Instructions
1	<b>Type of Submission:</b> If this proposal is not for construction or building purposes, check “Non-Construction”.
2	<b>Date Submitted:</b> Indicate the date you sent the application to OJP. The “Application Identifier” is the number assigned by your jurisdiction, if any. If your jurisdiction does not assign an identifier number, leave this space blank.
3	<b>Date Received by State:</b> Leave blank. This block is completed by the State single point of contact, if applicable.
4	<b>Date Received by Federal Agency:</b> This item will be completed by OJP.
5	<b>Applicant Information:</b> The “Legal Name” is the unit of government of the parent organization. For example, the primary or parent organization of a law enforcement agency is the name of the city or township. Thus the city or township should be entered into the Legal Name box and the name of the law enforcement agency would be entered into the Organizational Unit box. Designate one person as the contact, and include their telephone number.
6	<b>Employer Identification Number:</b> Each employer receives an employer identification number from the Internal Revenue Service. Generally, this number can be easily obtained from your agency’s accountant or comptroller.
7	<b>Type of Applicant:</b> Enter the appropriate letter in this space. If the applicant is representing a consortium of agencies, specify by checking Block N and entering “consortium”.
8	<b>Type of Application:</b> Check either “new” or “continuation”. Check new if this will be your first award for this purpose described in the application, even if the applicant has received prior awards for other purposes. Check “continuation”, if the project will continue activities of a project, that was begun under a prior award.
9	<b>Name of Federal Agency:</b> Type in the name of the awarding agency, such as “Bureau of Justice Assistance”.
10	<b>Catalog of Federal Domestic Assistance Number:</b> This would be contained in the program announcement. An example would be 16,____.
11	<b>Descriptive Title of Applicants Project:</b> Type in the: (1) title of the program as it appears in the solicitation or announcement; (2) name of the cognizant Federal agency, ex. U. S. Department of Education; and (3) applicant’s fiscal year, i.e. twelve month audit period, ex: 10/1/95 - 9/30/96.
12	<b>Areas Affected by Project:</b> Identify the geographic area(s) of the project. Indicate “Statewide” or “National”, if applicable.
13	<b>Proposed Project Dates:</b> Fill in the proposed begin and end dates of the project.
14	<b>Congressional Districts:</b> Fill in the Congressional Districts in which the project will be located as well as the Congressional District(s) the project will serve. Indicate “Statewide” or “National”, if applicable.
15	<b>Estimated Funding:</b> In line “a,” enter the Federal funds requested, not to exceed the dollar amount allocated in the program announcement. Indicate any other resources that will be available to the project and the source of those funds on lines “b-f,” as appropriate.
16	<b>State Executive Order 12372:</b> Some states require you to submit your application to a State “Single Point of Contact” (SPOC) to coordinate applications for Federal funds. If your State requires a copy of your application, indicate the date submitted. If a copy is not required, indicate the reason. (Refer to the “Administrative Requirements” section of the program announcement, for more information.) The SPOC is not responsible for forwarding your application.
17	<b>Delinquent Federal Debt:</b> This question applies to the applicant organization. Categories of debt include delinquent audit allowances, loans, and taxes.
18	<b>Authorized Representative:</b> Type the name of the person legally authorized to enter into agreements on behalf of your agency. This signature on the original application must be signed in blue ink and/or stamped as “original” to help identify the original.